

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1957

State File No. 37811

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10256

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Madison		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 10 days		e. STREET ADDRESS (If rural, give location) 8128 Eagle Park Acres			
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 Peoples Hospital					

3. NAME OF DECEASED (Type or Print) JOHN			a. (First)			b. (Middle)			c. (Last) MCNEACE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 20, 1892			9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 1 WKS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.				11. BIRTHPLACE (City and State or Foreign Country) Eudora, Mississippi				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James McNease			13b. MOTHER'S MAIDEN NAME Lizzie McDonald			14. NAME OF HUSBAND OR WIFE Ruby McNease		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ruby McNeace		ADDRESS Eagle Park Acres Madison, Illinois	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331K	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sep 10, 1957, to Oct 25, 1957, that I last saw the deceased alive on Oct 25, 1957, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Heard McNease</i>		23b. ADDRESS 501 W. ...		23c. DATE SIGNED Oct 30, 1957	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/28/57		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
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DATE REC'D BY LOCAL RES. OCT 31 1957		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Marion ...</i>		ADDRESS 2114 Mo. Ave. St. Louis, Ill.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed *Ben H. Baldwin*

Licensed Embalmer No. *2420*

P. O. Address *721 N. 26th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.